

Type or print using capital letters and black ink and fill in appropriate circles.

Section A: Identification Information

Social Security Number:

--	--	--

 -

--	--

 -

--	--	--	--

[illegible][illegible]

1

[illegible][illegible][illegible][illegible]

--	--

--	--	--	--	--

-

-

--	--	--

-

--	--	--

-

--	--	--	--

[illegible]

[Use separate box for "dot."]

Section B: Review Information

Are you a KY resident? Yes ☐ No ☐ New Applicant? ☐ Previous or Current Recipient? ☐

[illegible]

List any previous experience, either paid or voluntary, you have in the health care field:

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

Facility

Job Title or Major Duty

[illegible]

-

-

NURSING PROGRAM ADMINISTRATOR: Please complete the portion below and return it to the student.

[illegible]

Street Address:

City:

--	--	--	--	--	--	--	--	--	--	--	--	--

 State:

--	--

 Zip:

--	--	--	--	--

Telephone #:

--	--	--

 -

--	--	--

 -

--	--	--	--

Type of Nursing Program: LPN ☐ ADN ☐ BSN ☐ Graduate ☐ Graduate Type: _____

Beginning Date for Nursing Program: Month Year Expected Date of Completion: Month Year

Number of credit hours estimated for completion: Grade Point Average: -

[If the applicant does not have a post-secondary GPA, use his/her high school GPA.]

[illegible][illegible]

Administrator's Signature

Date:

 -

 -

APPLICANT: Sign and date the certification and authorization for release of information.

I affirm that all the information reported is complete, accurate, and true to the best of my knowledge. I understand that if I do not meet the obligation of this program, I will be required to repay the scholarship funds received plus accrued interest. I understand that I will be required to sign a promissory note and contract to receive NISF funds.

I authorize school officials to release the information requested to the Kentucky Board of Nursing for the purpose of determining eligibility for nursing loan assistance.

Applicant's Signature

Date:

 -

 -

By June 1, mail the completed application form to:

Nursing Incentive Scholarship Fund
Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

If you have questions, e-mail RichelleR.Livers@mail.state.ky.us, or call Richelle at 502-329-7000, ext 290.

9/02